

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017499

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED APR 27 1962

Primary Registration District No. 500

Registrar's No. 1187

VS 300  
Rev. 4/59

14031

2 411X

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4 0

5 1

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7 2

8 1

9 452X

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11

12 43-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>				Length of stay in lb <b>3 Days</b>		c. CITY OR TOWN <b>St. Louis Overland City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8893 Oneida</b>	
3. NAME OF DECEASED (Type or print) First <b>Adolf</b> Middle <b>Oscar</b> Last <b>Flor</b>				4. DATE OF DEATH Month <b>April</b> Day <b>14</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-21-1919</b>	
9. AGE (last birthday) <b>42</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>		11. BIRTHPLACE (City and state or country) <b>Brazil</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Adolf Flor</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilde Plackemeier</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Flor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. INFORMANT Name <b>Mrs. Florence F. Flor</b> Address <b>8893 Oneida Lane</b> <b>Paula Bates 2328 Cassler Overland, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for each part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Increased Intracranial Pressure</b> DUE TO (b) <b>Cerebral Aneurysm</b> DUE TO (c) <b>42s</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>11:20</b> a.m. p.m. Month, Day, Year <b>4-14-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>1958</b> to <b>4-14-62</b> and last saw him alive on <b>4/14/62</b> Death occurred at <b>11:20 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>William D. McSawyer, Jr.</b> (Degree or title)				22b. ADDRESS <b>2811 Carondelet Clayton, Mo</b>		22c. DATE SIGNED <b>2/15/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 17, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc.,</b> ADDRESS <b>2161 E. Fair Ave</b> <b>St. Louis, 7, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>4-17-62</b>		26. REGISTRAR'S SIGNATURE <b>James H. Murphy M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Willard G. Brunley

Licensed Embalmer No. 4202

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.